

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEYU.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

Attorney Docket No. 82021-0043

As a below named inventor I hereby declare that:

MY residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR PROVIDING GASTROINTESTINAL PAIN MANAGEMENT

the specification of which:

☐ is attached hereto; or

☒ was filed as United States application Serial No. **10/724,871** on **December 2, 2003**; or

☐ was filed as PCT international application Number _____ on _____ and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office information which is material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN APPLICATION(S):

| COUNTRY (if PCT, indicate PCT) | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED |
|-----------------------------------|--------------------|--------------------------------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby claim the benefits under Title 35, United States Code §119(e) of any United States provisional application listed below:

U.S. PROVISIONAL APPLICATIONS

| U.S. PROVISIONAL APPLICATION NO. | U.S. FILING DATE |
|----------------------------------|------------------|
| 60/430,055 | December 2, 2002 |
| | |

Combined Declaration For Patent Application and Power of Attorney - (Continued)

Attorney Docket No. 82021-0043

Page 2

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT:

| U.S. APPLICATIONS | | STATUS (Check One) | | |
|----------------------|------------------|--------------------|---------|-----------|
| U.S. APPLICATION NO. | U.S. FILING DATE | PATENTED | PENDING | ABANDONED |
| | | | | |
| | | | | |

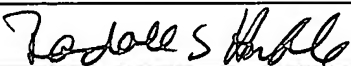
POWER OF ATTORNEY: As named inventor, I hereby appoint the registered practitioners of Hogan & Hartson LLP included in the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number.

Customer Number: 24633

Direct Telephone Calls To:
(name and telephone number)

Celine Jimenez Crowson
202-637-5703

I hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | |
|----------------------------|---|--|---|
| FULL NAME OF SOLE INVENTOR | Randall S. HICKLE | | |
| RESIDENCE & CITIZENSHIP | Lubbock, Texas | | COUNTRY OF CITIZENSHIP United States |
| POST OFFICE ADDRESS | 2404 Topeka Avenue, Lubbock, Texas 79407 | | |
| SOLE INVENTOR'S SIGNATURE |  | | DATE 4-4-04 |

Names of Additional Inventors' Signatures Attached [] Yes [X] No